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CONFIRMATION NO. 7821

<b>SERIAL NUMBER</b> 09/982,276	<b>FILING OR 371(c) DATE</b> 10/17/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 5203-001REF	
<b>APPLICANTS</b> Hongwei Zhao, Ontario, CANADA; <b>** CONTINUING DATA *****</b> This application is a REI of 09/052,569 03/31/1998 PAT 5,970,976 ✓ <i>ASL 8/22/06</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE ASL 8/22/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>** SMALL ENTITY **</b> <b>GRANTED ** 11/15/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Matthew Gray</i> <i>ASL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> <i>24</i> (18)	<b>INDEPENDENT CLAIMS</b> <i>8</i> (6)
<b>ADDRESS</b> 27572					
<b>TITLE</b> Apparatus and method for generating pressure changes in a mammalian oral/throat cavity					
<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		